

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P. O. Box 989002  
West Sacramento, CA 95798-9002  
[www.bsis.ca.gov](http://www.bsis.ca.gov)  
(916) 322-4000  
1-800 952-5210

**RENEWAL APPLICATION  
ALARM COMPANY OPERATOR LICENSE****INSTRUCTIONS FOR COMPLETING RENEWAL APPLICATION**

1. Identify the expiration date of your current license.
2. If your license has expired, you must also pay the delinquency fee and check the box below.
3. Print your company name and address; check the box if changing the address.
4. Print your entire license number and sign and date the renewal application.
5. Do not send cash. Send a check or money order and fee(s) made payable to: Bureau of Security and Investigative Services and mail to P. O. Box 989002, West Sacramento, CA 95798.

**PLEASE READ CAREFULLY**

Each license is issued to a specific company at a specific business location. All licenses must be renewed on or before the date of expiration. Submit your renewal application and fee(s) no earlier than ninety (90) days prior to the expiration date. **THE ALARM COMPANY OPERATOR LICENSE MAY NOT BE RENEWED AFTER 3 YEARS FROM THE EXPIRATION DATE.** To renew the delinquent license the renewal fees and delinquency fees must be paid from the time the license expired to present. If there has been a change of ownership, corporate officer, or manager, you must contact the bureau immediately. A change of address to a post office box or a mailbox service is allowed only if there is no mail delivery to the physical address or if the business is located in the licensee's residence. If the address has changed to a post office box or a mail box service, you are still required to provide your physical address below.

**YOU MAY NOT ENGAGE IN THE BUSINESS OF AN ALARM COMPANY OPERATOR AFTER THE EXPIRATION DATE UNLESS THE LICENSE IS RENEWED OR THE RENEWAL IS PENDING.**

☐ **Alarm Company Operator (\$335)**

Fee Enclosed \$ \_\_\_\_\_

☐ Delinquent fee (\$150)

If the renewal application is postmarked after  
the expiration date the delinquent fee shall apply

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Please type or print legibly)

<b>Company Name:</b>	ACO License Number:
<b>Company Mailing Address:</b> Street City State Zip Code	Phone Number: ( )
<b>Company Physical Address:</b> Street City State Zip Code	<input type="checkbox"/> Check here if mailing and or physical address have changed
Email Address:	
The following certificate must be signed by the <b>Qualified Manager:</b> I certify, under penalty of perjury under the laws of the State of California, that all statements attached hereto, are true and accurate.  <b>Signature:</b> _____ <b>Printed Name:</b> _____	Date:  / /